

**APPLICATION DATA SHEET****Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: POLYMERIC SYSTEMS FOR DRUG  
DELIVERY AND USES THEREOF  
Attorney Docket Number:: 920041.416C1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 28  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency::  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	John
Middle Name::	K.
Family Name::	Jackson
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	CA
Street of mailing address::	540 West 29th Avenue
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	CA
Postal or Zip Code of mailing address::	V5Z 2H7

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Xichen
Middle Name::	
Family Name::	Zhang
Name Suffix::	
City of Residence::	Castro Valley
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	4353 Lawrence Drive
City of mailing address::	Castro Valley
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94546

### Third Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Helen
Middle Name::	M.
Family Name::	Burt
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	CA
Street of mailing address::	240 East 40th Avenue
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	CA
Postal or Zip Code of mailing address::	V5W 1L8

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/181,582	10/28/98
09/181,582	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/063,721	10/29/97
09/181,582	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/076,842	03/04/98

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	The University of British Columbia
Street of mailing address::	#103-6190 Agronomy Road
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	CA
Postal or Zip Code of mailing address::	V6T 1Z3

Assignee name::	Angiotech Pharmaceuticals, Inc.
Street of mailing address::	1618 Station Street
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	CA
Postal or Zip Code of mailing address::	V6A 1B6

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